

DATA SPECIFICATIONS HS/270 - Medical Services Reservation & MSR Reversals 4010 Standard Format

HIPAA - EDI Health Care - Eligibility, Coverage or Benefit Inquiry

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270 Eligibility, Coverage or Benefit Inquiry

Functional Group=**HS**

Guide Updates:

20040623 update: added 2 more routing code options to ISA08, removed 'EDS' & routing code from GS03 & from NM109 in level 2100.

20040902 update: changed CIN to Primary ID in NM109 of Subscriber loop, added 'NQ' to REF01 of Subscriber loop, removed spaces from example on GS08, deleted EQ01 but added EQ02, modified the Medi-Cal Note for ISA02, and added some Segment Medi-Cal Notes re. Segment occurrences.

MEDI-CAL NOTE:

Process all Heading Segments in the exact sequence as they appear on page 3. Process the HL Segment of the first occurrence of the 2000 Loop once for the Information Source-2000A, followed by the NM1 Segment of the 2100 Loop. Next, process the HL Segment of the second occurrence of the 2000 Loop once for the Information Receiver-2000B (Provider), followed by the NM1 Segment of the 2100 Loop. Then, process the entire third occurrence of the 2000 Loop for the Subscriber-2000C, followed by the entire 2100 Loop, then the entire 2110 Loop. Finally, process all the Summary Segments in the exact sequence as they appear on page 3.

Important note re. data element separators .. Between the first data element and the second data element (between 'ISA' & ISA01) a data element separator will appear. This is a character which is never used in any of the data fields. For Medi-Cal we use '*' (asterisk). This first data element separator defines the data element separators used through the entire interchange inquiry. A data element separator will always appear after each data element used, or in place of each data element not used. Exception: no separators are used in place of trailing data elements. Trailing data elements are those which are NOT used and which come between the last data element used and the end of a segment. Also, the last data element used is followed only by a segment terminator (no data element separator).

Important note re. segment terminators .. After the first segment (the ISA Segment) a segment terminator will appear. This is a character which is never used in any of the data fields, and it is different from the data element separator and the component separator (see ISA16). For Medi-Cal we use Hex '0D'. This first segment terminator defines the segment terminators used through the entire interchange inquiry. Segment terminators appear at the end of each segment used. No segment terminator is needed between or in place of segments which are NOT used.

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	ISA	Interchange Control Header	M	1			Required
020	GS	Functional Group Header	M	1			Required
030	ST	Transaction Set Header	M	1			Required
040	BHT	Beginning of Hierarchical Transaction	M	1			Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000					3		
060	HL	Hierarchical Level	M	1			Required
070	TRN	Trace	O	2			Situational
LOOP ID - 2100					1		
090	NM1	Individual or Organizational Name	M	1			Required
100	REF	Reference Identification	O	9			Situational
110	DMG	Demographic Information	O	1			Situational
120	DTP	Date or Time or Period	O	2			Situational
LOOP ID - 2110					1		
140	EQ	Eligibility or Benefit Inquiry	O	1			Situational

Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
150	SE	Transaction Set Trailer	M	1			Required
160	GE	Functional Group Trailer	M	1			Required
170	IEA	Interchange Control Trailer	M	1			Required

ISA Interchange Control Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

Comments:

1. The first element separator (an '*' is used in this Guide) defines the element separator to be used through the entire interchange inquiry.
2. The segment terminator (Hex '0D' is used in this Guide) used after the ISA defines the segment terminator to be used throughout the entire interchange inquiry.

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

ISA*03*.....*01*.....*ZZ*610442EDS214...*YYMMDD*HHMM*U*00401*.....*0*P*~(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA01	I01	Authorization Information Qualifier Description: Code to identify the type of information in the Authorization Information. Code Name 03 Additional Data Identification	M	ID	2/2	Required	1
ISA02	I02	Authorization Information Description: Information used for additional identification or authorization of the interchange Sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (ISA01). MEDI-CAL NOTE: Submitters must enter (left justified) their 3-character Submitter ID, followed by their 4-character Software Version Number, and pad with spaces. New Providers call TSC: (800)541-5555, or if out of state: (916)636-1200. Non-Submitters call as well for dummy Submitter ID & Software Version Number.	M	AN	10/10	Required	1
ISA03	I03	Security Information Qualifier Description: Code to identify the type of information in the Security Information. Code Name 01 Password	M	ID	2/2	Required	1
ISA04	I04	Security Information Description: This is used for identifying the security information about the interchange Sender; the type of information is set by the Security Information Qualifier (ISA03). MEDI-CAL NOTE: Submitter PIN / Password, and fill any remainder of the field with spaces.	M	AN	10/10	Required	1
ISA05	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the Sender ID element being qualified. This ID qualifies the Sender in ISA06. Code Name ZZ Mutually Defined	M	ID	2/2	Required	1
ISA06	I06	Interchange Sender ID Description: Identification code published by the Sender for other parties to use as the Receiver ID to route data to them; the Sender always codes this value in the Sender ID element. MEDI-CAL NOTE: Provider Number plus	M	AN	15/15	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Other Intermediary Code (OI), left justify and pad with spaces. OI Codes: Spaces for Medi-Cal Providers, 00 for Delta Dental, First 2 digits of OI PIN for OI Providers.					
ISA07	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the Receiver ID element being qualified. This ID qualifies the Receiver in ISA08.	M	ID	2/2	Required	1
		Code Name ZZ Mutually Defined					
ISA08	I07	Interchange Receiver ID Description: Identification code published by the Receiver of the data; When sending, it is used by the Sender as their Receiving ID, thus other parties sending to them will use this as a Receiving ID to route data to them.	M	AN	15/15	Required	1
		MEDI-CAL NOTE: '610442EDS214', left justify and pad with spaces. This is the ETIN + "EDS" + Routing Code. The Routing Code can be: 214 = Production, 213 = Vendor Software Validation, or 211 = System Test.					
ISA09	I08	Interchange Date Description: Date of the interchange inquiry.	M	DT	6/6	Required	1
		MEDI-CAL NOTE: Date in YYMMDD format.					
ISA10	I09	Interchange Time Description: Time of the interchange inquiry.	M	TM	4/4	Required	1
		MEDI-CAL NOTE: Time in HHMM format.					
ISA11	I10	Interchange Control Standards Identifier Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer.	M	ID	1/1	Required	1
		Code Name U U.S. EDI Community of ASC X12, TDCC, and UCS					
ISA12	I11	Interchange Control Version Number Description: Code specifying the version number of the interchange control segments.	M	ID	5/5	Required	1
		Code Name 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997					
ISA13	I12	Interchange Control Number Description: A control number assigned by the interchange sender.	M	N9	9/9	Required	1
		MEDI-CAL NOTE: A number, pad left with zeros. This number must be identical to IEA02.					
ISA14	I13	Acknowledgment Requested Description: Code sent by the sender to request an interchange acknowledgment (TA1).	M	ID	1/1	Required	1
		Code Name 0 No Acknowledgment Requested					
ISA15	I14	Usage Indicator Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information.	M	ID	1/1	Required	1
		Code Name P Production Data					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
ISA16	I15	Component Element Separator Description: The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator. MEDI-CAL NOTE: '~' (used in this Guide). Note: You may use a Component Separator of your choice; however it can not be the same as the Data Element Separator or the Segment Terminator.	M	AN	1/1	Required	1

GS Functional Group Header

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

GS*HS*.....*610442*CCYYMMDD*HHMMSSDD*.....*X*004010X092(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS01	479	Functional Identifier Code Description: Code identifying a group of application related transaction sets.	M	ID	2/2	Required	1
		Code Name HS Eligibility, Coverage or Benefit Inquiry (270)					
GS02	142	Application Sender's Code Description: Code identifying party sending transmission; codes agreed to by trading partners. Use this code to identify the unit sending the information. MEDI-CAL NOTE: Provider Number plus Other Intermediary Code (OI). OI Codes: Spaces for Medi-Cal Providers, 00 for Delta Dental, First 2 digits of OI PIN for OI Providers.	M	AN	2/15	Required	1
GS03	124	Application Receiver's Code Description: Code identifying party receiving transmission; codes agreed to by trading partners. Use this code to identify the unit receiving the information. MEDI-CAL NOTE: '610442'.	M	AN	2/15	Required	1
GS04	373	Date Description: Use this date for the functional group creation date. MEDI-CAL NOTE: Date in CCYYMMDD format.	M	DT	8/8	Required	1
GS05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Use this time for the creation time. MEDI-CAL NOTE: Time in HHMMSSDD format.	M	TM	8/8	Required	1
GS06	28	Group Control Number Description: Assigned number originated and maintained by the sender. MEDI-CAL NOTE: A number, pad left with zeros. This number must be identical to GE02.	M	N9	9/9	Required	1
GS07	455	Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480. MEDI-CAL NOTE: 'X'.	M	ID	1/2	Required	1
		Code Name X Accredited Standards Committee X12					
GS08	480	Version / Release / Industry Identifier Code Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE	M	ID	1/12	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user).					
		MEDI-CAL NOTE: '004010X092'.					
		<u>Code</u>		<u>Name</u>			
		004010X092		Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.			

ST Transaction Set Header

Pos: 030	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

ST*270*.....(Hex'0D')

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set. Code Name 270 Eligibility, Coverage or Benefit Inquiry	M	ID	3/3	Required	1
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. MEDI-CAL NOTE: A number, pad left with zeros. This number must be identical to SE02.	M	N9	9/9	Required	1

BHT Beginning of Hierarchical Transaction

Pos: 040 Max: 1
Heading - Mandatory
Loop: N/A Elements: 6

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

BHT*0022*01*.....*CCYYMMDD*HHMMSSDD*RU(Hex'0D')

BHT*0022*36*.....*CCYYMMDD*HHMMSSDD*RU(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT01	1005	Hierarchical Structure Code Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set. Code Name 0022 Information Source, Information Receiver, Subscriber, Dependent	M	ID	4/4	Required	1
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set. Code Name 01 Cancellation 36 Authority to Deduct (Reply)	M	ID	2/2	Required	1
BHT03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Industry: Submitter Transaction Identifier	O	AN	1/30	Situational	1
BHT04	373	Date Description: Use this date for the date the transaction was generated. MEDI-CAL NOTE: Date in CCYYMMDD format.	O	DT	8/8	Situational	1
BHT05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). MEDI-CAL NOTE: Time in HHMMSSDD format.	O	TM	8/8	Situational	1
BHT06	640	Transaction Type Code Description: Code specifying the type of transaction. Code Name RU Medical Services Reservation	M	ID	2/2	Required	1

Loop 2000

Pos: 050	Repeat: 3
	Mandatory
Loop: 2000	Elements:
	N/A

MEDI-CAL NOTE:

Process the HL Segment of the 2000 Loop once for the Source-2000A. For the Provider-2000B process the HL Segment of the 2000 Loop once. Then for the Subscriber-2000C process the entire 2000 Loop.

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
060	HL	Hierarchical Level	M	1		Required
070	TRN	Trace	O	2		Situational
080		Loop 2100	M		1	Required

HL Hierarchical Level

Pos: 060	Max: 1
Detail - Mandatory	
Loop: 2000	Elements: 4

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

First loop (Source) example:

HL*1**20*1(Hex'0D')

Second loop (Provider) example:

HL*2*1*21*1(Hex'0D')

Third loop (Subscriber) example:

HL*3*2*22*0(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. MEDI-CAL NOTE: '1' if HL03 = 20, '2' if HL03 = 21, or '3' if HL03 = 22.	M	AN	1/12	Required	1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to. MEDI-CAL NOTE: When HL03 = 20 skip this data-element (replace with a Data Element Separator), otherwise '1' if HL03 = 21, or '2' if HL03 = 22.	O	AN	1/12	Situational	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure. Code Name 20 Information Source Description: Identifies the payor, maintainer, or source of the information. 21 Information Receiver Description: Identifies the provider or party(ies) who are the recipient(s) of the information. 22 Subscriber Description: Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits.	M	ID	1/2	Required	1
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. MEDI-CAL NOTE: '1' if HL03 = 20 or 21, '0' if HL03 = 22. Code Name 0 No Subordinate HL Segment in This Hierarchical Structure. 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	O	ID	1/1	Situational	1

TRN Trace

Pos: 070	Max: 2
Detail - Optional	
Loop: 2000	Elements: 4

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

TRN*1*.....*1.....*(Hex'0D')

TRN*1*.....*3.....*(Hex'0D')

TRN*1*.....*9.....*(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence for of the 2000 loop for the Subscriber, and it can occur 2 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
TRN01	481	Trace Type Code Description: Code identifying which transaction is being referenced. Code Name 1 Current Transaction Trace Numbers	M	ID	1/2	Required	1
TRN02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. MEDI-CAL NOTE: Provider Trace Number or the Clearinghouse Trace Number.	M	AN	1/30	Required	1
TRN03	509	Originating Company Identifier Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9. MEDI-CAL NOTE: '1' or '3' or '9', followed by a nine-digit number.	O	AN	10/10	Situational	1
TRN04	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Industry: Trace Assigning Entity Additional Identifier	O	AN	1/30	Situational	1

Loop 2100

Pos: 080	Repeat: 1
	Mandatory
Loop: 2100	Elements:
	N/A

MEDI-CAL NOTE:

Process the NM1 Segment of the 2100 Loop once for the Source-2100A. For the Provider-2100B process the NM1 Segment of the 2100 Loop once. Then for the Subscriber-2100C process the entire 2100 Loop.

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
090	NM1	Individual or Organizational Name	M	1		Required
100	REF	Reference Identification	O	9		Situational
110	DMG	Demographic Information	O	1		Situational
120	DTP	Date or Time or Period	O	2		Situational
130		Loop 2110	O		1	Situational

NM1 Individual or Organizational Name

Pos: 090 Max: 1
Detail - Mandatory
Loop: 2100 Elements: 5

User Option (Usage): Required

Syntax:

1. P0809 - If either NM108, NM109 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

NM1*PR*2*Medi-Cal*****46*610442(Hex'0D')

NM1*1P*1*****SV*.....(Hex'0D')

NM1 *1P*2*****SV*.....(Hex'0D')

NM1*IL*1*****MI*.....(Hex'0D')

MEDI-CAL NOTE:

No data element separator (**) is needed for 'trailing' data-elements.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual. Code Name 1P Provider IL Insured or Subscriber PR Payer	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. MEDI-CAL NOTE: '1' when NM101 = IL, or '2' when NM101 = PR. When NM101 = 1P: '1' for Person when the provider is doing business as a sole proprietor, otherwise '2' for non-person entity. Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name. MEDI-CAL NOTE: 'MEDI-CAL' only when NM101 = PR, otherwise replace this data-element with a Data Element Separator when NM101 = 1P or IL, and when an NM108 or NM109 follows.	O	AN	1/8	Situational	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67). MEDI-CAL NOTE: '46' when NM101 = PR, or 'SV' when NM101 = 1P, or 'MI' when NM101 = IL. Code Name 46 Electronic Transmitter Identification Number (ETIN) Description: A unique number assigned to each transmitter and software developer. MI Member Identification Number SV Service Provider Number	M	ID	1/2	Required	1
NM109	67	Identification Code Description: Code identifying a party or other code. MEDI-CAL NOTE: '610442' when NM108 = 46, or Provider Number plus Other Intermediary when NM108 = SV. When NM108 = MI: Subscriber (Recipient) Medi-Cal ID Number, or whatever is used as the Primary ID Number. Do not	M	AN	2/15	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		duplicate this in REF02.					
		<u>ExternalCodeList</u>					
		Name: 537					
		Description: Health Care Financing Administration National Provider Identifier					

REF Reference Identification

Pos: 100	Max: 9
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

REF*A6*.....(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 loop for the Subscriber.

This Segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification. MEDI-CAL NOTE: Do not use the same identifier entered in NM109 of loop 2100-Subscriber.	M	ID	2/3	Required	1
		Code Name					
	18	Plan Number Description: The unique identification number assigned for a defined contribution plan					
	1L	Group or Policy Number					
	1W	Member Identification Number					
	6P	Group Number					
	A6	Employee Identification Number					
	EA	Medical Record Identification Number Description: A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records.					
	EJ	Patient Account Number Description: A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment.					
	IG	Insurance Policy Number					
	N6	Plan Network Identification Number Description: A number assigned to identify a specific health care network that provides health care services to insured members					
	NQ	Medicaid Subscriber Identification Number Description: Unique identification number assigned to each member covered under a subscriber's contract.					
	SY	Social Security Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Industry: Subscriber Supplemental Identifier MEDI-CAL NOTE: Do not use the same number entered in NM109 of loop 2100-Subscriber.	M	AN	1/30	Required	1

DMG Demographic Information

Pos: 110	Max: 1
Detail - Optional	
Loop: 2100	Elements: 2

User Option (Usage): Situational

Syntax:

1. P0102 - If either DMG01,DMG02 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

DMG*D8*CCYYMMDD(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 loop for the Subscriber.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format. Code Name D8 Date Expressed in Format CCYYMMDD	O	ID	2/3	Situational	1
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times. Industry: Subscriber Birth Date MEDI-CAL NOTE: Subscriber Birth Date in CCYYMMDD format.	O	DT	8/8	Situational	1

DTP Date or Time or Period

Pos: 120	Max: 2
Detail - Optional	
Loop: 2100	Elements: 3

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

DTP*102*D8*CCYYMMDD(Hex'0D')

DTP*472*D8*CCYYMMDD(Hex'0D')

MEDI-CAL NOTE:

This segment is used only for the third occurrence of the 2100 loop for the Subscriber, and it can occur 2 times.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time. Code Name 102 Issue 472 Service	M	ID	3/3	Required	1
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format. Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times. MEDI-CAL NOTE: Issue Date of Subscriber's ID Card when DTP = 102, or Date of Service when DTP = 472, in CCYYMMDD format.	M	DT	8/8	Required	1

Loop 2110

Pos: 130	Repeat: 1
Optional	
Loop: 2110	Elements:
	N/A

MEDI-CAL NOTE:

Process all the Segments in this 2110 Loop once, and only for the Subscriber-2110C.

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
140	EQ	Eligibility or Benefit Inquiry	O	1		Situational

EQ Eligibility or Benefit Inquiry

Pos: 140 Max: 1
Detail - Optional
Loop: 2110 Elements: 1

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

EQ**CJ*(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
EQ02	C003	Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers. MEDI-CAL NOTE: Always enter a code here. This Data Element used ONLY for SOC/R & MS/R.	O	Comp		Situational	1
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234). Code Name CJ Current Procedural Terminology (CPT) Codes Description: Published by the AMA. It is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians; the uniform language accurately designates medical, surgical, and diagnostic services, and thereby provides reliable communications among physicians, patients, and payers. HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes Description: HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments. ID International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure Description: The International Classification of Diseases, Clinical Modification, is designated for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage and retrieval; this is a procedure code. IV Home Infusion EDI Coalition (HIEC) Product/Service Code ND National Drug Code (NDC) ZZ Mutually Defined	M	ID	2/2	Required	1
	234	Product/Service ID Description: Identifying number for a product or service.	M	AN	1/48	Required	1
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners. MEDI-CAL NOTE: You may enter a code, and use component separators.	O	AN	2/2	Situational	1
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners. MEDI-CAL NOTE: You may enter a code, and use component separators.	O	AN	2/2	Situational	1
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners. MEDI-CAL NOTE: You may enter a code, and use component separators.	O	AN	2/2	Situational	1
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance	O	AN	2/2	Situational	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		of the service, as defined by trading partners.					
		MEDI-CAL NOTE: You may enter a code, and use component separators.					

SE Transaction Set Trailer

Pos: 150	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

SE*.....*(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments.	M	N9	1/10	Required	1
SE02	329	Industry: Transaction Segment Count Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. MEDI-CAL NOTE: A number, pad left with zeros. This number must be identical to ST02.	M	N9	9/9	Required	1

GE Functional Group Trailer

Pos: 160	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

GE*1*.....(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GE01	97	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element.	M	N6	1/6	Required	1
GE02	28	MEDI-CAL NOTE: '1'. Group Control Number Description: Assigned number originated and maintained by the sender. MEDI-CAL NOTE: A number, pad left with zeros. This number must be identical to GS06.	M	N9	9/9	Required	1

IEA Interchange Control Trailer

Pos: 170	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

IEA*2*.....(Hex'0D')

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
IEA01	I16	Number of Included Functional Groups Description: A count of the number of functional groups included in an interchange/ MEDI-CAL NOTE: '1'.	M	N5	1/5	Required	1
IEA02	I12	Interchange Control Number Description: A control number assigned by the interchange sender. MEDI-CAL NOTE: A number, pad left with zeros. This number must be identical to ISA13.	M	N9	9/9	Required	1

Appendix

All Included Elements in All Included Segments

<u>Id</u>	<u>Elements</u>	<u>Used in Segments</u>
C001	Composite Unit of Measure	III
C003	Composite Medical Procedure Identifier	EQ
C035	Provider Specialty Information	PRV
I01	Authorization Information Qualifier	IEA, ISA, TA1
19	City Name	INS, N4
22	Commodity Code	PDP
23	Commodity Code Qualifier	PDP
26	Country Code	INS, N4
28	Group Control Number	GE, GS
66	Identification Code Qualifier	NM1
67	Identification Code	NM1
82	Length	VEH
93	Name	N2, PER
96	Number of Included Segments	SE
97	Number of Transaction Sets Included	GE
98	Entity Identifier Code	NM1
116	Postal Code	N4
124	Application Receiver's Code	GS
127	Reference Identification	BHT, PRV, REF, TRN, VEH
128	Reference Identification Qualifier	PRV, REF
142	Application Sender's Code	GS
143	Transaction Set Identifier Code	ST
156	State or Province Code	INS, N4, PRV, VEH
166	Address Information	N3
234	Product/Service ID	EQ
235	Product/Service ID Qualifier	EQ
306	Action Code	VEH
309	Location Qualifier	N4
310	Location Identifier	N4, VEH
329	Transaction Set Control Number	SE, ST
337	Time	BHT, GS
353	Transaction Set Purpose Code	BHT
355	Unit or Basis for Measurement Code	III
364	Communication Number	PER
365	Communication Number Qualifier	PER
366	Contact Function Code	PER
373	Date	BHT, GS
374	Date/Time Qualifier	DTP
380	Quantity	III
443	Contact Inquiry Reference	PER
455	Responsible Agency Code	GS
479	Functional Identifier Code	GS
480	Version / Release / Industry Identifier Code	GS
481	Trace Type Code	TRN
509	Originating Company Identifier	TRN
522	Amount Qualifier Code	AMT
539	Vehicle Identification Number	VEH
554	Assigned Number	VEH
559	Agency Qualifier Code	PRV, VEH
584	Employment Status Code	INS
610	Amount	VEH
628	Hierarchical ID Number	HL
640	Transaction Type Code	BHT
649	Multiplier	III
689	Occupancy Code	PDR
734	Hierarchical Parent ID Number	HL
735	Hierarchical Level Code	HL
736	Hierarchical Child Code	HL
751	Product Description Code	VEH
752	Surface/Layer/Position Code	III
782	Monetary Amount	AMT
875	Maintenance Type Code	INS
933	Free-Form Message Text	III
1005	Hierarchical Structure Code	BHT
1018	Exponent	III

<u>Id</u>	<u>Elements</u>	<u>Used in Segments</u>
1035	Name Last or Organization Name	NM1
1065	Entity Type Qualifier	NM1
1069	Individual Relationship Code	INS
1073	Yes/No Condition or Response Code	INS, PRV, VEH
1074	Type of Real Estate Asset Code	PDR
1095	Year	VEH
1136	Code Category	III
1165	Confidentiality Code	INS
1188	Type of Personal or Business Asset Code	PDP
1203	Maintenance Reason Code	INS
1216	Benefit Status Code	INS
1218	Medicare Plan Code	INS
1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code	INS
1220	Student Status Code	INS
1221	Provider Code	PRV
1222	Provider Specialty Code	PRV
1223	Provider Organization Code	PRV
1250	Date Time Period Format Qualifier	DMG, DTP, INS
1251	Date Time Period	DMG, DTP, INS
1270	Code List Qualifier Code	III, PDR
1271	Industry Code	III, PDR
1339	Procedure Modifier	EQ
1470	Number	INS